

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-000513

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43.

Primary Registration District No. 3007.

Registrar's No. 1287.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED FEB 4 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Poplar Bluff,		c. CITY OR TOWN Puxico, Missouri	
Length of stay in lb OR TOWN 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Eva Shirrell		4. DATE OF DEATH Month Day Year Jan 29 1963	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-5-1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (City and state or country) Gravelville, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Walter Bersum		13b. MOTHER'S MAIDEN NAME Mary Lou Curtiss	
14. NAME OF HUSBAND OR WIFE Alonzo F. Shirrell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Alonzo F. Shirrell	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Whipple's Adenocarcinoma Metastatic</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Adenocarcinoma Ovary</i> DUE TO (c) <i>Undetermined</i>		INTERVAL BETWEEN ONSET AND DEATH 6 wks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1 Jan 63</i> to <i>29 Jan 63</i> and last saw her alive on <i>29 Jan 63</i> Death occurred at <i>2:45</i> P.m. on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. B. [illegible]</i>	
22b. ADDRESS <i>321 Oak St. Puxico, Mo</i>		22c. DATE SIGNED <i>30 Jan 63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-1-63	23c. NAME OF CEMETERY OR CREMATORY Baker	23d. LOCATION (City, town, or county) Lutesville, Missouri
24. FUNERAL DIRECTOR Morgan Funeral Home Puxico, Mo		25. DATE RECD. BY LOCAL REG. 2/2/1963	
26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

b128

2/030

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9/99.2

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FEB 14 1963

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

W. H. May

Licensed Embalmer No. _____

4640

P. O. Address _____

Adams, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.